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EDITORS.

## KENTUCKY STATE MEDICAL SOCIETY, 1878.

The Twenty-third Annual Session of the Kentucky State Medical Society will be held at Frankfort, on Tuesday, Wednesday, and Thursday, April 2d, 3d, and 4th, commencing Tuesday, April 2d, at twelve o'clock, when the society will convene in the hall of the House of Representatives.

Every arrangement has been made to insure a successful meeting of the society, and it is hoped and expected that full delegations will be present. Certainly there is no time like in April, no place more beautiful than Frankfort, and no people more charming than the doctors and denizens thereof. Altogether no more pleasant holiday could be anticipated.

We trust every man appointed on committees is at his work, or has finished it. There is no better plan than to finish a paper, let it cool, and then rewrite it. We surrender our editorial space to the programme furnished by the secretary. The following are the committees:

*Standing Committees.*—Improvements in Surgery, Dr. C. H. Todd, Owensboro; Improvements in Practical Medicine, Dr. J. L. Cook, Henderson; Obstetrics, Dr. Coleman Rogers, Louisville; Epidemics, Dr. Jno. D. Neet, Versailles; Hygiene, Dr. S. P. Craig, Stanford; Vital Statistics, Dr. U. V. Williams, Frankfort; Materia Medica, Dr. R. B. Gilbert, Louisville; Medical Ethics, Dr. R. F. Logan, Shelbyville; Dermatology, Dr. M. E. Poynter, Midway; Necrology, Dr. R. O. Cowling, Louisville; Finance, Dr. R. M. Fairleigh, Hopkinsville; Arrangements, Dr. Wm. B. Rodman and Dr. U. V. Williams, Frankfort.

*Special Committees.*—The Use of Iodine in Treatment of Syphilitic Diseases and Indolent Ulcers, Dr. R. H. Gale, Louisville; Mechanical Aids to Diagnosis of Diseases of the Heart and Lungs, Dr. Frank Wilson, Louisville; Acute Rheumatism in Childhood,

Dr. J. A. Larrabee, Louisville; Improvements in Sanitary Science, Dr. Jas. H. Letcher, Henderson; Emphysema, Dr. J. A. Ochterlony, Louisville; Gynecology, Dr. W. H. Wathen, Louisville; Pathology of Chronic Inflammation of Joints, Dr. Edw. Von Donhoff, Louisville; Septicæmia, Dr. W. Fuqua, Hopkinsville; Syphilitic Affections of Brain, Dr. W. M. Hanna, Henderson; Excisions, Dr. J. M. Holloway, Louisville; Spinal Deformities, Dr. R. W. Gaines, Hopkinsville; Ophthalmology, Dr. D. S. Reynolds, Louisville; Puerperal Convulsions, Dr. S. E. Winn, Glasgow; Secale Cornutum and its Uses, Dr. J. B. Walker, Scottsville; New Remedies, Dr. E. S. Gaillard, Louisville; The Aspirator and its Uses, Dr. J. O. McReynolds, Elkton; Immovable Dressings, Dr. J. M. Kellar, Louisville; Diseases of the Genito-Urinary Organs, Dr. J. W. Thompson, Paducah; Modern Treatment of Fractures of the Long Bones, Dr. C. H. Thomas, Covington; Typhoid Fever, Dr. J. R. Bailey, Fergusson's Station; Meningitis, Dr. R. H. Singleton, Louisville; Naso-pharyngeal Catarrh, Dr. Martin F. Coomes, Louisville; Contusions of the Eye-ball, Dr. Wm. B. Meany, Louisville; Post-Partum Hemorrhage, Dr. Chas. H. Alexander, Louisville; Scarlatina, Dr. John J. McDonough, Louisville; Asthenopia, Dr. Wm. Cheatham, Louisville; Uterine Surgery, Dr. W. H. Long, Louisville; Phthisis, Dr. L. P. Yandell, Louisville; Some Innovations in Gynecology, Dr. L. T. Oppenheimer, Louisville.

Owing to the death of our venerable and distinguished president, Dr. Lunsford P. Yandell, sr., the President's Annual Address will be delivered Tuesday evening by the senior vice-president, Dr. J. L. Dismukes. Following this, Dr. R. O. Cowling, chairman of the Committee on Necrology, will deliver an address on the life and services of our late president, Dr. Yandell. The public, ladies included, are invited to attend this evening session. It is earnestly requested that, in order to prevent delay in publishing the transactions, all those making contributions will please have their papers ready to hand at once to the Publishing Committee. The forthcoming meeting promises to be an unusually interesting one, and it is hoped there will be a large attendance of the profession from all parts of the state.

JAMES H. LETCHER, Sec'y.

HENDERSON, March 1, 1878.

*Railroad Arrangements.*—The L., C. & L. R. R. will make one and one third fare for round trip. Delegates leaving Louisville, Lexington, and Newport being required to purchase round-trip tickets before taking the train, those from local stations paying full fare going and one third returning. The Louisville & Great Southern, one and one fifth fare round trip. Tickets for sale March 26th to April 2d; good returning until April 10th. The St. Louis & Southeastern, one and one fifth fare for round trip;

pay full fare going, one fifth returning, on secretary's certificate of attendance. The Elizabethtown & Paducah same, if fifteen or more delegates travel over the road. The Cincinnati Southern, ten per cent off regular rates. The Kentucky Central R. R., \$5.40, Covington to Lexington and return, and the Louisville & Henderson, Evansville & Cairo, and Louisville & Cincinnati U. S. Mail Line Steamers, at two thirds regular rates.

The hotels in Frankfort will make a reasonable reduction on rates to delegates.

## Original.

### SALICYLIC ACID IN LUMBAGO.

BY ARTHUR G. HOBBS, M. D.

As this comparatively late addition to materia medica has been so much vaunted in the treatment of acute rheumatism, I think it will not be out of place to give my experience, though short, in its use in lumbago.

Notwithstanding lumbago is one form of chronic rheumatism, I have never seen salicylic acid recommended especially as its cure; but having been called during the month of July, 1877, and not knowing any specific, I determined to administer this acid and give it a fair trial. I shall describe the case below.

Since salicylic acid has been discussed so in its relation to acute rheumatism, I shall not stop to add my mite of experience in that direction, except that I have come to regard it as nearly a specific in that disease.

CASE I.—Mr. D. D., aged forty-two, subject to lumbago for the last seven years, attacks occurring from five to eight times a year. I found him motionless, in bed; pain so intense on the slightest movement that he could not even flex his toes without excruciating pain. I gave him a No. 1 capsule (about ten or twelve grains), charged with salicylic acid, every two hours. After ten hours he could turn himself in bed; after twenty-four hours he got out of bed and walked to the dining-table in the next room; and after forty-eight hours he was out attending to his farm duties, with no pain when he walked carefully. When ten

doses had been taken I ordered the capsule only four times a day, and advised him to rest a week and take nourishing diet. He told me his previous attacks had always lasted from one to three weeks; and said he: "This is the most severe attack I have ever had but one, and that lasted me three weeks instead of three days." He has had symptoms of attacks twice since; but he began at once on his capsules, and the symptoms passed away. He has gone longer this time free from lumbago than ever before during seven years.

CASE II.—Mrs. M. H., aged thirty-two. Found her helpless, in bed, with no pain especially, except when she attempted to rise; could not walk without support on account of the severe pain in the lumbar region. I left her twelve capsules, same as in Case I, to be taken every three hours; sent her eight more capsules the next day; and had the satisfaction of learning from her husband, on the fourth day, that she was doing her household duties.

CASE III.—Miss M. M., aged twenty; her second attack of lumbago. Complained of constant pain in the lumbar region; could only rest when the muscles of her back were on the stretch. Found her sitting humped in bed. Gave her ten capsules, to be taken every three hours; sent her ten more the next day; and met her riding to town, on horseback, on the fifth day after her first attack.

CASE IV.—Mr. W. A., aged thirty-seven, first attack, came to my office and said he had been suffering for four days with severe pains in the muscles of his back, and also complained of pains and cramps in the flexor muscles of his thighs, and even lower down, especially the gastrocnemium. I gave him salicylic acid, always in capsules, about forty grains a day, for four days. Upon the sixth day he reported himself as having improved from the time he began his capsules.

In Case III there was a recurrence of the attack two months afterward. She sent immediately after feeling the first symptoms. I sent her six doses, to be taken every two

hours. When I heard from her again she was well. I have never had unpleasant stomach symptoms from such large doses but once, and then by ceasing the acid a short time the symptoms disappeared. Never having read of lumbago succumbing so readily to treatment, I trust that the report of these cases may not be without interest to your readers.

ARTHUR, IND.

## Correspondence.

### VISITS TO PHILADELPHIA CLINICS.

No. 3.

To the Editor of the Louisville Medical News:

In this letter I shall restrict my remarks almost solely to formulæ:

PROF. DACOSTA'S CLINIC.

*Nocturnal Epilepsy.*—Male, age twenty-one. At first daytime as well as at night, but for the last two years has had them only at night. Prognosis bad, because it is nocturnal epilepsy. Idiocy is more apt to follow night than day epilepsy. Treatment—He has been saturated with bromide; you notice the characteristic eruption of the drug. Give him this: Argent. ox. gr. ss; belladon. ext. gr.  $\frac{1}{2}$ , t. d. in pill. Do not give up the bromide entirely.

*Epilepsy following Prolonged Lactation.*—Female, age twenty-two. Convulsion first, three months ago, occurring first every two weeks, now weekly. Clear history of exhaustive nursing made out. Give bromide of iron, gr. xx, t. d. Full nourishing diet.

*Chronic Colitis.*—Ox. zinc, 2 grs., with  $\frac{1}{4}$  gr. opium, in pill, four times a day. Easily digested diet. Small amount of meat; very little vegetable matter. Milk and rice the great diet.

*Ulcerating Lupus of Right Cheek.*—Cod-liver oil and iodide of potassium internally, and caustics externally. Acetic acid is lauded; put on with a brush twice a week, on the circumference, and then apply cooling lotions. We shall use first fine incisions;

and then, applying Goulard's cerate, if this does not answer, we will try the acetic-acid plan of treatment. A total change of diet is suggested, from what has been used, and living almost solely on milk.

*Ulcer upon Left Shoulder.*—Male, age thirty-four. This ulcer is of five years' duration; has a syphilitic history. Lupus does not often happen in this position. Protoiodide of mercury, alternating with the iodide of potassium internally. An infusion of cinchona bark is used externally. Carbolic-acid dressing might be used here.

*Acne.*—Male, age twenty-three; has had it for sixteen months. This skin-disease often arises from indigestion or from genito-urinary troubles. He is costive, and has an enlarged liver. Give nitro-muriatic acid dil. 15 drops, t. d.; podophyllin, gr.  $\frac{1}{8}$ ; ung. ox. hyd. rub. 3 ij to cerate simp. 3 vj. Rub in well at night.

*Lead Poison.*—Male, age forty-nine; works in a lead factory. Had a severe attack of colic one week ago. Blueness of gums. This is not an early sign; might have other symptoms without it. Costive. Give a pill of podophyllin, gr.  $\frac{1}{8}$ , ext. belladonna, gr.  $\frac{1}{8}$ , ext. hyoscyamus, gr. ij, camphor, gr. i. Take this in form of pill, morning and evening. Also iod. pot., gr. x, t. d. When his present symptoms are improved by these pills he may use strychnia, which counteracts the paralyzing influence of lead, and is a nerve tonic.

*General Numbness.*—Male, age twenty-seven. After excluding possible causes, as poison from lead or mercury, disease of heart, or kidneys, etc., the trouble was traced to two distinct attacks of cerebral congestion. Treatment—Co. jalap powder three times a week. Blister to back of neck, and bromide of potassium in twenty-grain doses.

Dr. Joseph G. Richardson has been elected Professor of Hygiene in the University of Pennsylvania. He has selected Dr. C. C. Vanderbeck his assistant.

Do n't forget the State Society, April 2d.

## Miscellany.

ON THE ACTION OF MALARIA.—John Sulivan, M. D., M. R. C. P., Lond., contributes to the London Medical Times and Gazette the following article on this subject:

Cases of fever and ague are sometimes met with in localities where they might be least expected; but the cause may always be traced to those primary conditions upon which the existence of malaria depends in all localities, however varied they may appear.

Franz mentions that he was astonished to find intermittent fever on Mount St. Gothard. The fact was explained by one of the monks informing him that there existed an unwholesome marsh not many leagues away, situated at the junction of the rivers Po and Ticinum.

Meunier, in his very interesting work, *Mission Médicale de Guadarama*, strikingly illustrates the influence of even a rocky soil in some climates on the production of marsh malaria. Between Madrid and the Escorial a section was being cut through about fifty kilometres in length. In that part which formed the first half of the section not a single man employed was taken ill, whereas in the second section, beyond Torredolones, every man was seized with fever; although the conditions had been the same in the two sections—same temperature, same exposure to external influences. But there was one important fact—the constitution of the soil was different in the two sections: the first was sandy and porous; that in the second was based on rock, by which moisture in contact with vegetable *débris* was confined and retained.

These rocks are not all solid and homogenous; some parts on the surface are soft and argillaceous, alternating with hard nuclei. The broken and uneven surface of these rocks is usually covered with a bed of earth of variable thickness, being in part the product of the more friable parts of the rocks themselves. During the rainy season the water is absorbed into the crevices and sinuosities of these rocks, and so creates an inexhaustible reservoir for the exhalation of malaria during the hot dry season, especially should the earth require to be removed or laid bare for the construction of railways or any works of public utility.

We sometimes meet with marine alluvia and *débris* upon hills or elevated places not far from the sea, which had been deposited by some violent upheaving of nature in remote ages. If there be no rains, as along the coast of Peru, you will probably have heavy dews or winds charged with moisture from the sea, and thus malaria may be generated in localities the least expected.

Heat and moisture do not generate malaria; they serve only to modify the poison, to facilitate and develop its action, whether by imparting to it greater activity by increasing the dose of the poisonous principle, or by disposing the system to the more easy reception of its influence.

These alone can not determine fever and ague. The action of a specific albuminoid principle, the product of the fermentation of decayed vegetable-matter, appears to be essential toward its production.

Miasmatic exhalations are not so active in temperate as in hot climates, where vegetable matter undergoes more rapid decomposition, by which its action is more energetic and pernicious.

Intermittent fever is the product of infection, not of contagion; although it is capable of being associated with or modifying a contagious disease. The emanations from decomposed animal matter, as the refuse of all large cities, do not generate malarial fever. The port of Marseilles, into which all kinds of refuse and impurities of animal origin are emptied, is free from epidemics of fever and ague. And again the Ghetto (one of the most densely populated and filthy localities in the city of Rome) is seldom visited, or not more so than other more cleanly parts of the city, by epidemics of the pseudo-typhoid malarial fever of Rome; and this proves that the so-called dreaded "Roman fever" is not a typhoid. Dense populations influence the atmosphere they breathe, and tend to neutralize, if not to modify, the action of malaria; whereas the contrary is observed in typhus and typhoid fever, which becomes intensified by a crowded population. Many causes which tend to debilitate the system—as excesses of all kinds, mental emotions, the sudden impression of cold—may dispose the body to fever and ague; but they are incapable of determining the fever, unless the body have been exposed to marsh miasma.

If means be employed for the drainage of these marshes and cultivation of these malarial soils, fevers will cease, or be greatly modified. Even the Pontine Marshes, which have ever been unhealthy, were far less so in the times of the ancient Romans. We are told by classic authors that many cities formerly existed there, how large quantities of corn had been grown there; how the tribunes, in order to gain the favor of the multitudes, demanded that these lands should be divided among them—lands which at the present time are the malarial focus of death and disease. Hence it appears that increase of population and of agriculture tends greatly to diminish or to modify the poison of malaria.

If we take a retrospect of some forty or fifty years, and inquire into the opinions and theories of some of the most conspicuous and experienced, especially among foreign authors, on the cause and nature of intermittent fever, we shall find much to



interest and instruct; and we shall not fail to observe how gradually these varied opinions tend and converge toward the illustration of a truth, which, like the circulation of the blood, once demonstrated—after years of thought and labor—appears simple and easy of comprehension.

But in all our investigations into the nature and origin of this poison we must be guided by known and undisputed facts, founded upon what we know with certainty of its effects on the human organism; not allowing ourselves to be carried away by theories, however fascinating and plausible they may appear. Broussais believed that the cause of intermittent consisted of a periodic gastro-enteritis, which acted sympathetically in neighboring organs; but he afterward retracted these opinions—forced to it by the many objections made to the theory; Boerhaave, in an increased viscosity of the blood and of the nerve-fluid; Willis, in a certain acid or alkaline reaction in the blood, which, no longer receiving its nutritive juice, begins to ferment; Silvio, in an effervescence of the pancreatic juice mixed with bile; Cullen, in a spasm of the muscular fibers; Torti, in the effect of some stagnant humor mixing with the blood, causing it to effervesce, and determining to the stomach, intestines, glands, or lymphatics.

Bally believed that the immunity all animals excepting man enjoy from the effects of malaria depends on their constantly horizontal position, *prona terra*. He considers that the difference in position in man between the night and the day has great influence on the periodicity which is characteristic of intermittent fever. In the morning the circulation is more active, that of the stomach influencing all the other functions. At night, when the position of the body is horizontal, the seat of congestion becomes changed, or ceases altogether. The stimulus emanates from the brain, not from the stomach. Bally regards the paroxysms of fever as the exaggeration of these organic actions. There is one objection, but a fatal one, to this theory: without exposure to marsh miasma the above conditions are incapable of producing intermittent fever.

Roche makes intermittence to depend on the intermittent nature of the causes, such as changes of seasons, alternations of heat and cold, which, coming on frequently and unexpectedly in hot climates, produce in the human system a constant alternation of action and reaction, and thus the body finally contracts the habit of intermittence. Night puts an end to these phenomena, to recommence on the following day. No, he continues, if, when the body is so impressed or modified, a stimulus should act on any particular organ or system, it will determine an intermittent irritation, especially in those organs the functions of which, as the stomach, are disposed to periodicity. Intermittence in the cause, as well as in

the functions of the human organs, together with the habit acquired, form the basis of Roche's theory.

Adouard believes that the poison of marsh malaria alters the character of the blood, and next produces a congestion of the spleen, which, by reason of its relation with the digestive organs, partakes of their intermittent action, and thus becomes established a fever of an intermittent type. Solar influence has an intermittent action, which he calls positive by day, and negative by night; it submits the human economy to a like intermittence. The intermittent function of the spleen seconds the solar action; but he insists that the poisoned condition of the blood is the primary cause of the congestion of the spleen, and that the intermittence of the fever depends on the intermittent function of the spleen. Adouard cites many authors, ancient as well as modern, who have observed that quotidian fevers are most frequent in summer in hot climates, because the congestion of the spleen is greatest, and marsh miasma most abundant. Tertian fevers are most frequent in autumn, and quartan in winter. Quotidian comes on before noon, tertian in the afternoon, and quartan at night.

Boudin teaches that the different types of intermittent fever depend on an absorption of the same malarial poison, but in various proportions. The smaller quantity of the poison produces simple intermittent, and the larger causes to be developed remittent or continued fevers. He believes that the poison determines a combination of special morbid symptoms not limited to pure intermittence only, but also common to all the other types and forms. Now, this theory has greatly simplified our ideas respecting the nature of marsh fevers and its different types. It is the theory adopted by the celebrated Italian writer Torti, and by many pathologists of the present day.

Piorry having observed that intermittence was common to neuralgia as well as fever and ague, also the identity of the cause between latent or masked malarial fevers and true intermittent—how the two are cured by quinine, the coincidence that sometimes these neuralgias, as well as simple intermittents, pass into pernicious fevers, and, finally, the intimate relation that exists between the cause of certain neuroses and that of intermittent fevers—induced him to arrive at the conclusion that the origin of all intermittent fevers existed in the nervous system, especially that portion which corresponds to the spleen. It is not easy to understand how the nerves that supply the spleen should be specially affected by malaria, but we can understand how the spleen, from its peculiar elastic, spongy, and erectile tissue, should be better disposed than any other organ to receive the current of blood driven back to internal organs during the cold or congestive stage of fever and ague.

Among the many opinions we have selected re-

specting the effect of marsh miasma on the human organism that appears to be the most consonant to modern theory which asserts that the poison of malaria produces spasm of the muscular fibers. Now, this spasm can only be produced by irritation of the vaso-motor nerves, followed by paralysis, this nerve-action being consequent upon the contact of malaria through the agency of the blood.

We may therefore conclude that a febrile disturbance evolved in paroxysms of an essentially intermittent type, is generated in the human body when exposed to the malaria emanating under certain conditions from marshes—it absorbs the albuminoid element contained in it; or when exposed to the malaria from localities which, although free from marshes, possesses the conditions common to them. And this albuminoid element, once absorbed in the human body, profoundly disturbs and paralyzes the system of nerves which regulates the circulation of the blood, alters the composition of such blood, produces disorders of calorification and congestion to internal organs, the most constant being that of the spleen.

**A CURE FOR DIABETES INSIPIDUS, OR POLYDIPSIA.**—Dr. Kennedy, in the London Practitioner, reports five cures and one failure with dilute nitric acid, in one- to five-drachm doses daily, of this very serious disease. He concludes his most valuable paper as follows:

"Whether any other of the mineral acids, sulphuric or muriatic, would be equally successful in the treatment of this affection I can not say. But such is not impossible. The former from its well-known astringent quality might be most useful. The truth is, that, with all the attention that has been, and is now being given to therapeutics, one of its most important principles has been in a measure overlooked. I mean giving a medicine in such doses as will produce its physiological effects, if it have any. In recent times Harley has the credit of having drawn attention to this point in his very admirable work. But I need not tell my readers that it was well known and acted on a century ago; and made the men of that period consummate treaters of disease. And this leads me to speak more particularly of the acid brought under notice in this paper. That it is a most potent medicine admits of no doubt; and that its curative effects

are, often at least, only seen when it is given in very full doses is equally certain. Had I not acted on this idea, it is certain I would have failed in some of the cases which have been detailed. It will be recollected that in three of these the doses respectively were two, four, and five drachms in the day. From these doses the specific effects of the acid were very shortly evidenced, and as these are not generally known it will not be out of place to speak of them. About the fourth day the patients say they do not feel quite well; the appetite at the same time failing a little. If the pulse be felt, it will be observed to be fuller than usual, and headache may be complained of. But what is specially noticed is aching of the jaws and teeth, the patients supposing they have got toothache. But it differs in this respect from common toothache—that it effects both sides. If the gums be now examined they will be observed to be swollen and redder than natural; but though the state resembles the salivation from mercury, I have not seen any ulceration. In two of the cases this state became so marked and the suffering so great, that I was obliged to suspend the use of the acid; and it was very remarkable how rapidly the unpleasant effects then subsided. Two days were sufficient for the purpose; and the fever, for such it was, which the acid had raised in the system, had very nearly disappeared. In this respect there is a very marked contrast between the effects of the nitric acid and mercury; for we know the effects of the latter are much more enduring and depressive. This power of raising a kind of fever in the system, I take to be of great value in therapeutics. Nor is it confined to the medicines named. Iron will cause it, and, if I mistake not, so will arsenic. But probably few will cause it as rapidly and safely as the acid I have brought under notice. Whether this medicine may be found of value in what I can not but consider the infinitely more serious affection, diabetes mellitus, I can not take on me to say. In one case where I gave it, it did no good. The patient soon complained of

gripping, and it had to be given up. In this instance, however, the disease was very far advanced. I can easily understand that at an earlier period, and more particularly if it were an object to lessen the thirst, so often present, the nitric acid might prove very useful.

"In the last place, I may observe, I have had no experience which would lead me to think there was any connection between diabetes insipidus and mellitus. Other observers, however, have; and it is, of course, a point which should always be kept in mind."

OVARIOTOMY.—London Practitioner: In the course of some clinical remarks on ovariectomy, made at the Samaritan Hospital, Mr. Spencer Wells detailed the great improvements that had taken place during the last few years in the diagnosis and treatment of ovarian tumors. The operation is now conducted in a light, airy, and quiet room, in which the patient remains alone with her nurse for at least a week after the operation. No visitor is admitted to witness the operation without declaring that he has attended no post-mortem nor any case of infectious disease for a week previously. The patient is placed upon a table, lying on her back, warmly clothed, the lower limbs covered with a blanket, the head and shoulders supported by pillows, the knees and hands secured by straps, a perforated india-rubber sheet so applied that only the front of the abdomen is uncovered, and she is asleep under the influence of what Mr. Wells believes to be the safest and best of known anæsthetics, bi-chloride of methylene. All the instruments that can be wanted for the most complicated case are ready and at hand. There must not be, he says, any threading of needles at the last moment. The nurses have a precise number of perfectly pure and soft sponges, and plenty of small fine linen cloths for use before the sponges are wanted. Supposing daylight direct or reflected fails, Mr. Wells has tried

various kinds of reflecting lamps when searching for vessels deep in the pelvis; but the most useful of all is the small medical lamp recently introduced by Colin, of Paris. All this is ready before visitors come into the room, and they are then requested to observe the most absolute silence. It is quite a common thing for an operation to be completed without a single word having been spoken by the surgeon, the assistants, or the nurses; and if a remark is made by an unwary visitor, it is at once hushed. The incision in the abdominal wall, the stopping of bleeding from superficial vessels by torsion forceps, the division of the peritoneum, the exposure and tapping of the cyst, the separation of adhesions, the management of adhering omentum or intestine, the breaking down of inner septa, and the withdrawal of the tumor from the abdominal cavity, the treatment of the pedicle, the examination of the opposite ovary and uterus, the thorough cleansing of the pelvic and peritoneal cavities, the use of drainage-tubes if required, the closure of the wound, the dressing and bandage—all are matters of detail of great importance. The patient is carried from the operation table and placed in a warm, dry bed. The room is at once cleared and darkened, and when she awakes she finds herself alone with her nurse. Recent changes in the management of the patient after operation have been chiefly in the direction of regulating temperature. Enough opium is given to relieve pain, but not more. The patient is kept warm enough to encourage free action of the skin without being made uncomfortably hot. *Food and drink are regulated by the instinctive desire for them.* [The italics are ours.—EDS. NEWS.] All the nurses are instructed in the use of the thermometer, and they are directed whenever the temperature rises above 100° Fahr. to keep the head cool by means of the ice-water cap. If the skin is dry, very small doses of aconite are given frequently (half a drop of the tincture every half hour). It is only in the rare exceptional cases of septicæmia, septic peritonitis,

or pyæmic fever that large doses of quinine or of salicylate of soda are thought of. In some few cases bleeding from the arm has been necessary, but, as a rule, the patients are let alone after the operation, and they get well.—*Medical Times and Gazette*.

**FECUNDITY OF WOMEN IN SOUTH AMERICA.**  
—London Medical Examiner: Dr. Posado-Arango, writing from Antioquia, in Columbia, South America, observes that the occupation of wet-nurse does not exist there, as every woman, rich or poor, suckles her own child until signs of a new pregnancy are apparent, which is usually the case in the ninth month; so that every child is eighteen months older than the one which succeeds it. There are, however, many women who produce children who are in good condition every eleven months; thus suckling is nowise in opposition to procreation. Every marriage gives rise usually to from ten to thirteen children; and there is a lady there who has thirty living children, some of them twins. A man, also, who has married three times, has had fifty-one children; and, as his last wife is still young, he may perhaps reach his sixtieth child. Women marry early, from thirteen to sixteen years of age, and begin menstruating at thirteen or fourteen. The nature of their nutriment certainly contributes to this great fecundity. Maize forms the principal basis of this; and its influence is also observable with respect to hens and sows.

A SECOND number of Hostetter's Illustrated Monthly, of Hot Springs, has reached us. It drags three more timid fawns into its columns, presenting their fearful photographs and thrilling autobiographies. One of the gentlemen we notice is celebrated for his "strict ethical" conduct; another one seems to run to chin and side-whiskers; a third is "not only member of the State Medical Association, but of the Hot Springs Society." We are afraid the H. S. fraternity is beyond redemption. The middle kettle is too near.

**ON QUINETUM AND ITS THERAPEUTICAL VALUE.**—Dr. Vinkhuysen, in an article in the London Practitioner of February, affirms the following conclusions:

1. The only malarious disease in which quinetum can not be employed in place of quinine is pernicious fever. Quinetum requires more time to act than quinine; and as rapidity of action is absolutely necessary in this disease, quinetum can not be used in it as a substitute for quinine.

2. In all forms of pure malarial intermittent fever quinetum has the same apyretic effect as quinine, but is less powerful and acts more slowly; it must therefore be given in large doses and at longer intervals before the ague-fit than quinine.

3. Quinetum does not produce the unpleasant and even dangerous symptoms of quinine when given during the fit, and may be taken during the fit without causing any unpleasant feeling.

4. Quinetum never causes noises in the ear.

5. Persons who are liable to suffer from the toxic effects of quinine, and who therefore can not take it without the greatest discomfort, can take quinetum without this unpleasant effect, and yet obtain a similar therapeutical result.

6. The influence of quinetum in chronic cases is greater than that of quinine.

7. The tonic action of quinetum is similar and perhaps even greater than that of quinine.

8. The action of quinetum in cases of masked or larval malaria, and especially in rheumatic affections due to malarious influences, is incomparably greater than that of quinine.

**JABORANDI AND HOARSENESS.**—Dr. Eyslein, of Blankenburg, recently administered forty-five grains of jaborandi to a lady who was suffering from hoarseness and pain in the neck due to a cold. The leaves were powdered, and a cupful of boiling water poured over them; after standing fifteen minutes the decoction was sweetened and



was administered at 8 P. M. After a few minutes the patient experienced an agreeable sensation over the entire body, which was rapidly succeeded by strong, general pulsation, nausea, vomiting, fleeting pains in the abdomen, especially over the region of the bladder, and an outbreak of abundant perspiration. These symptoms were accompanied by great general discomfort and extreme prostration. The perspiration continued for about two hours, and the bed-linen was soon soaked through. Three times during these two hours sudden chills set in, the body, face, and extremities becoming cold for a time. The perspiration was accompanied by a very profuse discharge of saliva; soon after it began, the hoarseness disappeared entirely, and did not again return. In consequence of the general lassitude the patient soon fell asleep, but the saliva continued for a long time to run out of the corner of the mouth. The perspiration did not involve the hairy parts of the head. On the next day the patient complained of weakness and lassitude; the left submaxillary gland was somewhat enlarged and tender, the appetite poor, and the saliva thick. This case shows the necessity of caution in the administration of large doses of jaborandi, although the dose was fifteen grains less than is ordinarily given to an adult at a single dose. The effect on the hoarseness was all that could be desired, but it was attained at the cost of very great discomfort.—*London Medical Times*.

**MEDICAL EXAMINATIONS AT VIENNA.**—London Med. Examiner: Physiology seems to be as great a bugbear to medical students in Vienna as it is at some of the examining boards in London. One unfortunate gentleman, writing to the Wiener Medizinische Press, bitterly complains of the questions asked by a certain distinguished professor. He declares that at a recent examination all the candidates, in answer to the question, "What do you know about the vaso-dilators and vaso-constrictors?" could only admit their ignorance, and so were conse-

quently rejected. A few days afterward the same question was given to another set of candidates, and with the same result. In vain they suggested that the examiner should take some other subject. "What do you know about the experiments with regard to the vaso-dilators?" was his stern reply. Even the government commissioner who was present appeared horrified. After a dead silence of a quarter of an hour, the professor observed that if the candidates felt that the examination was too severe, their proper course was to complain to the authorities, by whose sanction the questions were asked. He had done no more than his duty in thus testing their knowledge. The students, it is said, have acted on this intimation, and are now signing a petition to be presented to the minister for education.

**INFANT MORTALITY AND PATENT MEDICINES.**—The medical officer to the Jarrow Urban Sanitary Authority, in his report on the above subject, draws attention to the mortality among infants from the far-too-frequent use of cordials and sedatives. Every medical man who has had much practice among the poorer classes knows to what an alarming extent the system of drugging children is carried, and to which the government gives countenance by the sale of patent-medicine stamps. The sale of any nostrum on the outside of which the composition is not stated ought to be prohibited, and the profit which the government yearly reaps from this source is a disgrace to our civilization. If from a dose of one or another of these compounds, purporting to cure the disease for which it was given, the child dies, the parents or guardians may be indicted for manslaughter; but they might with justice plead that the government had sanctioned its use by allowing the stamp to be fixed to the compound.—*London Med. Examiner*.

**REGISTRATION.**—Born, on March 8, 1878, to the wife of Dr. L. P. Yandell, jr., a son—Lunsford Pitts Yandell.

WE learn from the H. I. Monthly that among the distinguished visitors at Hot Springs is "Mr. Thomas Horner, capitalist and philanthropist." We hope when our friends are through with Mr. H. they will pass him along. The combination which he represents is one which several of the profession have for some time past wished to put under clinical observation.

**TRICHINOSIS IN GERMANY.**—Trichinosis is said to be very prevalent in various parts of Germany. Its spread throughout Hesse-Cassel resembles that of a pestilence, and numerous persons have fallen victims to the disease. In the little town of Spangenberg there are nine cases, several of which are expected to terminate fatally.

**LONDON Medical Examiner:** The whole stock of a large dealer in wines, specially intended for pharmaceutical purposes, has been seized as being entirely compounded of spirit of wine and sugar, flavored with different herbs.

## Selections.

### OVARIAN DYSPEPSIA.

Dr. J. Milner Fothergill contributes to the January number of the American Journal of Obstetrics a very interesting paper upon Ovarian Dyspepsia, from which we make the following abstract.

Dr. Fothergill's attention was first drawn to this subject by observing the number of phthisical cases which presented themselves at his hospital with the general concomitants of dyspepsia, leucorrhœa, and menorrhagia. The connection between the gastric disturbance and that of the sexual organs was considered at first to be merely a casual one. The order of sequence appeared to be, first, the leucorrhœa, then the gastric disturbance, and the genesis of tubercle from impaired nutritive powers was satisfactorily explained; but the connection between the genital and gastric disorders at length led Dr. Fothergill to inquire further into the matter.

**Ovarian Symptoms.**—He observes: "The vomiting of the early months of pregnancy, when the embryonic muscular fibers of the uterus are commencing to develop and take on a more active condition, has been long a notorious fact. It soon be-

came clear that there was some condition existing which stood in a casual relationship to both the dyspepsia and the uterine disturbance. That condition was quickly seen to be a state of vascular excitement in one or both ovaries, usually the left ovary. This condition Barnes terms 'oophoria.'

"In this state there is always more or less pain constantly in the iliac fossa, more rarely upon the right, much aggravated at the catamenial periods, when the pain shoots from the turgid ovary down the thigh of the corresponding side along the genito-crural nerve. This painful state is otherwise known as 'ovarian dysmenorrhea.' When pressure is made over this tender ovary during the catamenial flow, acute pain is experienced. Pressure also elicits pain during the intermenstrual interval. At the same time that acute pain is felt evidence is furnished of emotional perturbation, the patient feels as if about to faint, or 'feels queer all over,' as some express it, and the changes in the patient's countenance speak of something more than mere pain, pure and simple. It is evident there is a wave of nerve-perturbation set up, which excites more than the sensation of pain. Commonly the patient feels sick after the momentary pressure, and asks to be permitted to sit down, alleging that she feels sick and faint. If a careful physical examination be made, it will be found that there is an enlarged and tender ovary, which may sometimes be caught betwixt the finger in the vagina and the fingers of the other hand applied to the abdominal wall over the ovary. Such manipulation elicits manifestations of acute suffering from the patient. Frequently the rectus muscle over the tender ovary is hard and rigid, so as to place the organ as perfectly at rest as is possible; just as we see the rectus to stiffen and become rigid over the liver when there is a hepatic abscess, and thus to secure rest as regards movement for that viscus."

Dr. Fothergill gives an elaborate account and explanation of the train of nervous symptoms which follow, and continues:

**Pathology of Ovarian Dyspepsia.**—"Thus we see that the effects of a stimulus applied to the sympathetic nerves of the stomach cause a diminution and even complete arrest of the gastric secretion. Is there any difficulty then in comprehending the relations betwixt dyspepsia and an irritable condition of an organ with which the stomach is in intimate connection through its sympathetic fibers? The relations of dyspepsia to a disturbed ovary become clear enough. The irritation set up in the ovary traverses the sympathetic fibers and arrests the flow of gastric juice more or less thoroughly, and dyspepsia is the consequence. The action of the sympathetic nerve-fibrils is to excite contraction of the arteries and arterioles; that of the pneumogastric fibrils to dilate them.

"Persistent nerve-currents coming up the sympathetic nerve-fibrils excite them, and contraction of the blood-vessels is the result. The termination of the nerve-currents starting from the ovary is the contraction of the gastric blood-vessels. Just as we know that perturbations set up by a calculus in the kidney, or the growing uterus, will flow on until they reach the stomach, and cease in the act of vomiting. The dyspepsia is then the direct and immediate consequence of the ovarian irritation. The disturbance of the stomach is due to far-away irritation; it is not primary, but reflex."

**Etiology of Ovarian Dyspepsia.**—"How the ovary becomes affected in the first instance it is not easy to say. Following the suggestions of John Williams, that in these cases there had always existed a certain amount of pain at menstruation from its first initiation, a series of inquiries were instituted. In a certain proportion of instances such seemed to have been the case; but in the bulk of cases there was no such history, and the disturbance dated from a definite point. In many this was a miscarriage, in others an acute illness, in a few marriage, and in middle-aged women getting near the end of their reproductive life commonly a confinement. In young women in their 'teens it seemed due to an excess of the usual ovarian excitement set up by the changes of puberty; in not a few from the effects of working treadle sewing-machines, the evil effects of which on some girls are now notorious. The most difficult part of the entire subject is the etiology."

**Symptoms following Ovarian Disturbance.**—"Once this condition of the ovary established, then a whole train of disturbances follow in its wake. In some cases there is a neurosial cough, a pharyngeal cough, identical in its reflex nature with the cough of pregnancy, known in Scotland as 'a cradle cough.' In others there is palpitation, as reflex in its nature as the palpitation induced by a prolapsed uterus, and which is relieved as soon as the uterus is replaced in its normal position. The wave of nerve-perturbation set up in the ovary passes onward till it reaches a terminus where its vibrations excite local disturbance. When the brunt of this wave falls upon the stomach it produces contraction of the gastric arterioles with defective secretion of gastric juice; the digestive act is imperfect, and imperfect assimilation and nutrition follows. These perturbations, too, affect the normal contractions of the stomach in the digestive act, and instead of the ordinary movements of digestion, such contractions as produce vomiting are excited. Such is the true pathology of those cases of obstinate vomiting, or rejection of food, as it is often termed, seen in girls of from nineteen to three or four and twenty years of age, with which all experienced practitioners are familiar. These cases are productive of great suffering and distress. The medical attendant is

nearly worried out of his life; the friends of the patient are worked up to a point of feverish anxiety; the sufferings of the patient herself are not inconsiderable; and so the case wears on for weeks. The vomiting persists; the moment any food is taken into the stomach and the digestive act commences, the food is rejected, and, in despair, feeding by the rectum has to be adopted. As remedies, bismuth, opium, hydrocyanic acid, effervescing mixtures, champagne, milk and soda-water, beef-tea, hot and cold, raw meat pounded, all are tried and fail—are abandoned in despair, and nutritive enemata are the last resort. All who have seen much of practice are familiar with these trying cases, which seem to go on unaffected by remedial measures, until the malady seems to wear itself out; to be succeeded by a long and tedious convalescence. It would seem that at last the condition of general mal-nutrition starves down the congested ovary till it ceases to set up and send out those perturbative nerve-currents which excite the gastric disturbance. Then the stomach settles down and resumes its ordinary duties once more without disorder. The case lingers on unrelieved because its real pathology is not recognized. The stomach is treated, and not the ovary. The gastric disturbance is not primary, but reflex. Its causation must be comprehended, and the treatment directed accordingly, and then improvement will follow."

**Treatment of Ovarian Dyspepsia.**—"In the first place the bowels must be thoroughly opened. Any load in them will always increase pelvic congestion. They must be well opened every morning and also emptied at bedtime. It is very bad for these cases to have any load in the lower bowel during sleep. The best purgative is sulphate of magnesia. It may be given alone or with aloes. Aloes in small doses excites the hemorrhoidal vessels, in full doses it relieves them. Mineral waters containing sulphate of magnesia may be used. Free purgation should be first set up, and then an open condition of the bowels maintained. If the stomach rejects all medicines, they must be given in enemata. But by means of a hypodermic injection of morphia in a full dose, the stomach can usually be soothed into tolerating medicines. If necessary, a morphia suppository at bedtime may be ordered. Purgation acts directly upon the ovary and lowers its excitability.

"Then comes the treatment of the reflexly excited disorder. It is obvious that such remedies as bismuth and hydrocyanic acid act locally upon the stomach, and so, though no doubt of value, are after all but palliative measures. Instead of treating the stomach, it is necessary to act upon the nerve-tracts, along which the perturbing nerve-currents travel. For this purpose the great therapeutic agent is bromide of potassium. It affects (as pointed out at

length in the Practitioner's Hand-book of Treatment) alike the peripheral ends of nerves and nerve-fibers; it blunts the nerve-endings; it lessens nerve-conductivity, while it lowers central receptivity.

"By its use in full doses the excitement in the ovary and the perturbative waves set up thereby are diminished and the path obstructed, so that by the time the wave has reached the stomach it is greatly reduced in force; and perhaps never reaches the stomach at all, but gets lost on the way. The formula in ordinary use is as follows:

Mag. sulph..... 3j;  
Potass. bromid..... ʒj;  
Inf. gentian..... 3j;

three times a day, with an aloes-and-myrrh pill at bedtime, if necessary. The gentian acts beneficially on the stomach, as all bitters do, and renders it more tolerant of the medicines. A vehicle for the chief remedial agents need not be taken haphazard, but selected.

"Counter-irritation is very useful. A blister may be placed over the tender ovary. It should be put on as the first step. It certainly affects the patient's mind favorably, and it does positive good physically. It usually produces such an impression that the medicines given by the mouth are tolerated by the stomach. As to how such counter-irritation acts we do not yet quite know; but we are well assured that it does act, and efficiently too. Probably one nerve-wave may meet and neutralize another, like rays of light. The impressions or nerve-currents excited by a blister over the ovary and outside the abdominal wall, would necessarily travel some distance before they meet those set up within the ovary. An ordinary fly-blisters, two inches square, suits very well. It perhaps produces the best effects when placed right over the tender ovary. In two instances a crop of boils followed the blister. But this is less than one per cent of all the cases.

"By such means the disease must be treated. There remain the increased body expenditure and the imperfect body income still to be considered.

"For the first, the vaginal loss, injections of astringents in solution by means of a Higginson's syringe, or the small india-rubber ball and tube used to give babies enemata (much better in every way than a glass syringe) must be used twice a day, with hip-baths daily, if the patient's condition will admit of it. This is far from unimportant. When there is menorrhagia, quietude and the avoidance of all warm drinks and food during the flow are desirable. For the latter—the imperfect digestion—light and easily digestible food; milk, if necessary, combined with an alkali, or beef-tea with a little cream in it, or custard, are indicated. Such food should be given at short intervals and small quantities at once. The irritable stomach will often retain small quantities of food

when larger amounts are at once rejected. But after all this last is but the palliative treatment of these cases; they are not primary stomach-affections; they are truly reflex; and the origin of the malady must be ascertained, after which comes the appropriate and essential treatment. So frequently does dyspepsia in women depend casually upon ovarian mischief, that the writer now always commences by eliminating the ovarian factor before treating the malady as a pure stomach-affection."

**Desnos on Digitalis in Metrorrhagia.**—London Medical Record: Amongst the medicines having the power of controlling congestive metrorrhagia, M. Desnos (Journal de Médecine et de Chirurgie Pratiques) strongly recommends digitalis, which may be successful even where ergot has not yielded good results. The digitalis is given in the form of an infusion, in doses of from fifty to sixty centigrammes (seven and a half to nine grains) in one hundred and fifty grammes (about five ounces) of water. It acts in these cases by slackening the circulation. M. Desnos reports, amongst other cases, one of a young woman, in whom a metrorrhagia of several days' duration could not be arrested by a great variety of means successively employed. Digitalis administered in the manner indicated above almost immediately induced stoppage of the hemorrhage.

**Death-rate in London.**—London Lancet: The death-rate in London last week rose to the unusual height of 28.1 per 1,000, representing a larger mortality than has obtained since the beginning of April last. Whooping-cough, the most fatal of the seven principal zymotic diseases, accounted for one hundred and twenty-four deaths, forty-seven were due to small pox, forty-three to measles, thirty-two to scarlet fever, five to diphtheria, thirty to different forms of fever, and fourteen to diarrhea. Under the heading of diseases of the respiratory organs, five hundred and forty-four deaths were registered, a larger number by forty-two than that recorded in the previous week.

**Catgut in Hemorrhage from Bone.**—Dr. Riedinger, having performed amputation of a thigh, was troubled with the hemorrhage that proceeded from the bone. As he was proposing to treat it on Lister's plan, and in the hopes of immediate union, it became necessary to stop the bleeding; direct compression proved fruitless, though it was continued for some time. At length he bethought him that catgut is absorbed when introduced in the living tissues, and he immediately cut off several ends which he introduced successfully into the bleeding orifice. The flow of blood ceased at once, and no further difficulty was experienced.—*Gazette Méd. de Strasbourg.*